Amendment to the specification

Please replace paragraphs 49, 53, and 56 with the following amended paragraphs:

[49] Linkage assemblies 342 are fixed to intermediate frame 52 such that the longitudinal axes of second 346 and fourth 350 links are not perpendicular to a plane defined by intermediate frame 52 that is parallel to a plane defined by the patient support surface of mattress 13. In the raised position, longitudinal axis 343 of linkage assembly 342 has a vertical component parallel to vertical axis ~~396~~ 400 and a longitudinal and horizontal component parallel to longitudinal axis 398 of rail member 340. Therefore, longitudinal axis 343 of linkage assembly 342 is not parallel with or perpendicular to longitudinal axis 398 of rail member 340.

[53] As previously stated, linkage assemblies 342 are fixed to the intermediate frame 52 such that longitudinal axes 343 of linkage assemblies 342 are not perpendicular to a plane defined by intermediate frame 52. Therefore, as siderails 320, 321 swing between raised and lowered positions, siderails 320, 321 travel longitudinally in directions 324, 326. Second links 346 and fourth links 350 rotate about rods 358, 378. As shown in Fig. 8, rods 358 and 378 each have an axis of rotation 359, 379 that cooperate to define an overall axis of rotation 345 for linkage 342. The overall axis of rotation 345 has a vertical component in direction 393 parallel with vertical axis ~~396~~ 400 and a longitudinal horizontal component in direction 324 parallel with longitudinal axis 398 of rail member 340. Therefore, axis of rotation 345 is not parallel with or perpendicular to longitudinal axis 398 of rail member 340 at any time when rail member 340 is stationary or during movement between the raised and lowered positions. Further, when mattress 13 is in a flat bed position, as shown in Figs. 6 and 7, axis of rotation 345 is not horizontal.

[56] As previously discussed, when siderails 320, 321 swing into the lowered position, the downward movement is accompanied by longitudinal movement as shown in Figs. 6 and 7. The longitudinal movement associated with downward movement for head end siderail 321 is typically towards headboard 16 in direction 324 without any return movement in direction 326. Preferably, downward movement for head end siderail 321 is associated with longitudinal movement towards the headboard 16 in direction 324. The longitudinal movement associated with the downward movement of foot end siderail 320 is typically toward footboard

18 in direction 326. Preferably, similar to head end siderail 321, all downward movement the foot end siderail 320 is associated with longitudinal movement towards the footboard 18 in direction 326 without any return movement in direction 324. All upward movement of siderails 320, 321 is then associated with longitudinal movement in the direction 324, 326 opposite the longitudinal movement experienced during downward movement. Alternatively, upward and downward movement of siderails 320, 321 is characterized by longitudinal movement primarily in one direction 324, 326 but with some return movement in the opposite direction 326, 324. When both siderails 320, 321 are lowered, each is displaced away from a midpoint 400 between head board 16 and foot board 18. This displacement creates a space between the lowered siderails 320, 321 allowing access to the area beneath the mattress 13. This displacement also allows access to any foot controls or other devices that may be located on the frame like those disclosed in U.S. Patent Application Serial No. 09/750,741, entitled Hospital Bed, to Osborne et al., the disclosure of which is expressly incorporated by reference herein.